Northern Distr	rict of Indiana
Jeremy Huffman Sr. Plaintiff(s) V.	Civil Action No. 3:19-cv-169
St. Joseph Courty Jail et, al	
SUMMONS IN A	CIVIL ACTION
To: (Defendant's name and address) St. Joseph County Jail et, al 401 W. Sample St. South Bend, IN 46601	
A lawsuit has been filed against you.	
Within 21 days after service of this summons on you are the United States or a United States agency, or an officer P. 12 (a)(2) or (3) — you must serve on the plaintiff an answ the Federal Rules of Civil Procedure. The answer or motion whose name and address are: Jeremy Haffman States and Correction P. D. Box 4000 Manchester, KY	ver to the attached complaint or a motion under Rule 12 of a must be served on the plaintiff or plaintiff's attorney, 5. #16508-027 LASH-Wion
If you fail to respond, judgment by default will be ex You also must file your answer or motion with the court.	ntered against you for the relief demanded in the complaint.
	ROBERT TRGOVICH, CLERK OF COURT
Date:	Signature of Clerk or Deputy Clerk
	digniture of Cierk of Deputy Cierk

USDC IN/ND case 3:19-cv-00169-JD-MGG document 1-2 filed 03/11/19 page 2 of 28

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

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AI (401 W. So	umole St.	South	Bend, I	N 46601		
	F SERVICE COPY TO R				Number of process to be served with this Form 2	85	<i>,</i>
1 3	Jeverny Hutederal Corr	fman Sr. ectional -	#16508-	-027	Number of parties to be served in this case		_
	0. Box 400 lanchester, k		2		Check for service on U.S.A.		
PECIAL INSTR	UCTIONS OR OTHER II	NFORMATION THA mes Available for Ser	T WILL ASSIST I	N EXPEDITING SER	ICE (<u>Include Business (</u>	ind Alternate Addresses,	Fold
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gnamic of Attor	mey other Originator requi	esting service on beha		PLAINTIFF TO DEFENDANT	ELEPHONE NUMBER	3/4//	9
SPACE B	Lake Do			DEFENDANT NLY DO NO	T WRITE BELO	3/4// OW THIS LINE	9
SPACE B acknowledge recumber of processing only for USA	ELOW FOR US ceipt for the total s indicated: M 285 if more		ARSHAL O	DEFENDANT NLY DO NO		3/4// OW THIS LINE	9
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- NOTICE OF SERVICE
 BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 ACKNOWLEDGMENT OF RECEIPT

for the	
Northern District of	of Indiana
Jeremy Huttmen Sr. Plaintiff(s) V. 4. Joseph County Tail et, al Defendant(s)	Civil Action No. 3:19-cv-169
SUMMONS IN A CI	VIL ACTION
To: (Defendant's name and address) Captain S. Richallon & Richallon South Bend, I	mond St. IN 4661
A lawsuit has been filed against you.	
are the United States or a United States agency, or an officer or P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer the Federal Rules of Civil Procedure. The answer or motion m whose name and address are: Federal Correction P. D. Box 4000 Manchester, KY	to the attached complaint or a motion under Rule 12 of ust be served on the plaintiff or plaintiff's attorney, and Sr. #16508-027 and Institution 40962
If you fail to respond, judgment by default will be ente You also must file your answer or motion with the court.	red against you for the relief demanded in the complaint.
	ROBERT TRGOVICH, CLERK OF COURT
Date:	Signature of Clerk or Deputy Clerk

USDC IN/ND case 3:19-cv-00169-JD-MGG document 1-2 filed 03/11/19 page 4 of 28

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

LAINTIEE (COURT CASE NUMBER 3:19-CV-169	
EFENDANT SI Touch (12 mars Tous) et al	TYPE OF PROCESS	
SERVE AT Captain S. Rich mund ADDIESS (Street or RFD, Apartment No., City, State and ZIP Code) HOLL W. Sample St. South Bend. I	SCRIPTION OF PROPERTY TO SEIZE OF	R CONDEMN
END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	
Teremy Hatman Sr. # 16508-027 Federal Correctional Institution	Number of parties to be served in this case	
P.O. Box 4000 Manchester, KY 40962	Check for service on U.S.A.	_
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SE All Telephone Numbers, and Estimated Times Available for Service):	RVICE (<u>Include Business and Alternate A</u>	
		Fold
ignature of Attorney other diginator requesting service on behalf of: PLAINTIFF DEFENDANT	TELEPHONE NUMBER DATE 3 OT WRITE BELOW THIS	4/19 LINE
	orized USMS Deputy or Clerk	Date
hereby certify and return that I \square have personally served, \square have legal evidence of service, \square have not the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc., at the address shown above on the on the individual.	e executed as shown in "Remarks", the propany, corporation, etc. shown at the address	cess described inserted below.
I hereby certify and return that I am unable to locate the individual, company, corporation, etc. name	ed above (See remarks below) A person of suitable age a	nd discretion
Name and title of individual served (if not shown above)	then residing in defendant of abode	's usual place
	Date Time	
Address (complete only different than shown above)		
Address (complete only different than shown above)	Signature of U.S. Marshal or	
Address (complete only different than shown above) Service Fee Total Mileage Charges including endeavors) Forwarding Fee Total Charges Advance Deposits	Signature of U.S. Marshal or	Deputy
Service Lee Lotal Mileage Charges Lot Marania 2	Signature of U.S. Marshal or Amount owed to U.S. Marshal* or	

DISTRIBUTE TO:

- 1. CLERK OF THE COURT 2. USMS RECORD
- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

 5. ACKNOWLEDGMENT OF RECEIPT

USDC IN/ND case 3:19-cv-00169-JD-MGG document 1-2 filed 03/11/19 page 6 of 28

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

Jeremy Hofman Sr.	COURT CASE NUMB	
TREATMENT AND	TYPE OF PROCESS	
CL Tarral ()		
51. JOSEPH COUNTY JOHN ET, AL NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DES	CRIPTION OF PROPERTY TO	SEIZE OR CONDEMN
SERVE Mrs. Coleman, Immate Services		
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
401 W Sample St. South Berdy	IN 46601	· · · · · · · · · · · · · · · · · · ·
END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	
F-02-11 MARCA SO #16508-027	Served with this 1 offin 200	
Jeremy Huffman Sr. #16508-027 Federal Correctional Institution	Number of parties to be served in this case	
P.O. Box 4000	Served in this case	
Manchester, KY 40962	Check for service	-
Manchesta, NI 19 100	on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SEI	RVICE (Include Business and A	<u>Alternate Addresses,</u>
All Telephone Numbers, and Estimated Times Available for Service):		Fold
Signature of Attorney other Originator requesting service on behalf of:	TELEPHONE NUMBER	DATE
Signature of Attorney other Originator requesting service on behalf of: PLAINTIFF DEFENDANT	Y	3/4/19
(learn of and a fr	A THE DEL ON	TOTAL LANGE
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NO		
ackinowicago recorpt for the total 1 x own 1 x or 1	rized USMS Deputy or Clerk	Date
(Sign only for USM 285 if more		
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I hereby certify and return that I have personally served, have legal evidence of service, have	executed as shown in Keman	cs", the process described
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DISTRIBUTE TO:

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- 3. NOTICE OF SERVICE
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 5. ACKNOWLEDGMENT OF RECEIPT

ioi me	
Northern District of Indian	na
Jeremy Huffman Sr. Plaintiff(s) v. Civil	3:19-cv-169 Action No.
St. Joseph County Jail et, al) Defendant(s)	
SUMMONS IN A CIVIL AC	CTION
To: (Defendant's name and address) Nurse Jason LNV 401 W. Sample St. South Bend, IN 46	601
A lawsuit has been filed against you.	
Within 21 days after service of this summons on you (not coun are the United States or a United States agency, or an officer or employ P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the at the Federal Rules of Civil Procedure. The answer or motion must be so whose name and address are: Teremy Huffman Sr. Federal Correctional In P. O. Box 4000 Manchester, KY 4096	trached complaint or a motion under Rule 12 of erved on the plaintiff or plaintiff's attorney, 16508-027
If you fail to respond, judgment by default will be entered again. You also must file your answer or motion with the court.	nst you for the relief demanded in the complaint.
R	OBERT TRGOVICH, CLERK OF COURT
Deter	
Date:	Signature of Clerk or Deputy Clerk

USDC IN/ND case 3:19-cv-00169-JD-MGG document 1-2 filed 03/11/19 page 8 of 28

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

AINTIFF \	Amen Sc.		COURT CASE NUMBER 3:19-cv-169				
Jeremy Ho	valuer, DU			TYPE	OF PROCESS		
SI Townh (ounty Jail	et al					
NAME OF INDIVIDUAL OF INDIVIDU	VIDUAL, COMPANY, CORI Cason To RFD, Apartment No., Cit	·	·	RIPTION OI	F PROPERTY TO	SEIZE OI	R CONDEMN
NOTICE OF SERVICE COP	Y TO REQUESTER AT NAM	ME AND ADDRES	s BELOW		TOOUI f process to be h this Form 285	,	
Jerenny ! Federal (whotever Sr. orrectional I	#1650 Institution	8-02 7	Number of served in t	f parties to be his case	·	
P.U. Box u Manchester	1000 , KY 40962			Check for service on U.S.A.		-	
SPECIAL INSTRUCTIONS OR O' All Telephone Numbers, and Estin	THER INFORMATION THA nated Times Available for Ser	rvice): Employe	re of Bec	uan M	Pedical		Fold
						•	
acknowledge receipt for the total	R USE OF U.S. M. Total Process District of Origin	ARSHAL O	PLAINTIFF DEFENDANT		TE BELOW	DATE/	LINE Date
SPACE BRLOW FO acknowledge receipt for the total number of process indicated. Sign only for USM 285 if more han one USM 285 is submitted)	R USE OF U.S. M. Total Process District of Origin No	ARSHAL OI District to Serve No	DEFENDANT NLY DO NO Signature of Authorit	T WRIT	TE BELOW	3/9 THIS	Date
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space Brew Fo acknowledge receipt for the total number of process indicated. Sign only for USM 285 if more than one USM 285 is submitted) hereby certify and return that I on the individual, company, corpor I hereby certify and return that Name and title of individual served	R USE OF U.S. M. Total Process District of Origin No. have personally served, attion, etc., at the address show. I am unable to locate the ind. (if not shown above)	ARSHAL OI District to Serve No have legal evidence we above on the on	DEFENDANT NLY DO NO Signature of Authorize of Service, have of the individual, compare	T WRIT	Peputy or Clerk Shown in "Remarkon, etc. shown at the shown of surface the shown of surface the shown at the	THIS As", the protection and defendant Time	Date Dess described inserted below. Indicate the discretion is usual place to the discretion is usual place.

DISTRIBUTE TO:

- 1. CLERK OF THE COURT 2. USMS RECORD
- 3. NOTICE OF SERVICE
 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

 5. ACKNOWLEDGMENT OF RECEIPT

Northern Die	strict of Indiana
Jereny Huffman Sr. Plaintiff(s) V. St. Joseph County Jail et, al Defendant(s)))))) Civil Action No. 3:19-cv-169))
•) A CIVIL ACTION
To: (Defendant's name and address) Robert A. Gr Building and 204 S. Main South Bend, A lawsuit has been filed against you. Within 21 days after service of this summons on are the United States or a United States agency or an officer.	Curtis LNU and Federal Courthouse. St. IN 46601 you (not counting the day you received it) — or 60 days if you give or employee of the United States described in Fed. R. Civ.
P. 12 (a)(2) or (3) — you must serve on the plaintiff an arthe Federal Rules of Civil Procedure. The answer or mot	aswer to the attached complaint or a motion under Rule 12 of
If you fail to respond, judgment by default will be You also must file your answer or motion with the court.	e entered against you for the relief demanded in the complaint.
	ROBERT TRGOVICH, CLERK OF COURT
Date:	Signature of Clerk or Deputy Clerk
	Signature of Cherk of Deputy Cherk

USDC IN/ND case 3:19-cv-00169-JD-MGG document 1-2 filed 03/11/19 page 10 of 28

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

LAINTIFF // C	COURT CASE NUMI 3:19-cv-1	
Jeremy Huffman Sr.	TYPE OF PROCESS	
11 Tunde la de Tout et al		
NAME OF INDIVIDUAL COMPANY, CORPORATION. ETC. TO SERVE OR	DESCRIPTION OF PROPERTY T	O SEIZE OR CONDEMN
SERVE) Curtis LNU, V.S Marshal	11 "	
AT ADDRESS (Street or RFD, Apartment No., Gity, State and ZIP Code) A Crant Federal Suid and an	d Courthouse	•
DOU S. Main S. South Dend, I.	Number of process to be	
END NOTICE OF SERVICE COLL TO REQUEE	served with this Form 285	
Jereny Hullman Sr. # 16508-027 Federal Correctional Institution P. D. Box 4000	Number of parties to be served in this case	
Manchester, KY 40962	Check for service on U.S.A.	_
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING	G SERVICE (<u>Include Business and</u>	Alternate Addresses.
All Telephone Numbers, and Estimated Times Available for Service):		Fold
		•
	•	
Signature of Attorney other Originator requesting service on behalf of:	TELEPHONE NUMBER	DATE ////
Jens Defendant		1/9/17
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO	NOT WRITE BELO	W THÍS L'INE
	Authorized USMS Deputy or Clerk	Date
number of process indicated. Origin Serve		
1 acknowledge receipt to the total		
Industrial control of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) I hereby certify and return that I have personally served, have legal evidence of service, on the individual, company, corporation, etc., at the address shown above on the on the individual,	have executed as shown in "Rema company, corporation, etc. shown a	rks", the process described
Origin Serve	have executed as shown in "Rema company, corporation, etc. shown a named above (See remarks below)	rks", the process described t the address inserted below.
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In hereby certify and return that I is manable to locate the individual, company, corporation, etc., at the address shown above on the on the individual served (if not shown above)	have executed as shown in "Rema company, corporation, etc. shown a named above (See remarks below) A person of sthen residing of abode Date	rks", the process described the address inserted below. Time a a
In hereby certify and return that I is manable to locate the individual, company, corporation, etc., at the address shown above on the on the individual served (if not shown above)	have executed as shown in "Rema company, corporation, etc. shown a named above (See remarks below) A person of sthen residing of abode Date Signature of U.S	rks", the process described to the address inserted below. Time a Marshal or Deputy
Inhereby certify and return that I have personally served, have legal evidence of service, on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. Inhereby certify and return that I am unable to locate the individual, company, corporation, etc. Name and title of individual served (if not shown above)	have executed as shown in "Rema company, corporation, etc. shown a named above (See remarks below) A person of sthen residing of abode Date Signature of U.S	rks", the process described the address inserted below. ruitable age and discretion in defendant's usual place Time A process described to the address inserted below.
No	have executed as shown in "Rema company, corporation, etc. shown a named above (See remarks below) A person of sthen residing of abode Date Signature of U.S	rks", the process described to the address inserted below. Time a Marshal or Deputy
No	have executed as shown in "Rema company, corporation, etc. shown a named above (See remarks below) A person of sthen residing of abode Date Signature of U.S	rks", the process described to the address inserted below. Time a Marshal or Deputy

- DISTRIBUTE TO: 1. CLERK OF THE COURT
 - 2. USMS RECORD
 - 3. NOTICE OF SERVICE
 - 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 5. ACKNOWLEDGMENT OF RECEIPT

Northern District of Indiana
Jeremy Huffman Sr. Plaintiff(s) V. Civil Action No. 3:19-cv-169 St. Joseph County Jeil et al Defendant(s)
SUMMONS IN A CIVIL ACTION
To: (Defendant's name and address) V.S. Marshals Service et, al Office of General Counsel CG-3 15th Floor Washington D. C. 20530 - 0001 A lawsuit has been filed against you. Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Jeremy Huffman Sr. # 16508-027 Federal Correctional Institution P.O. Box 4000 Manchester, KY 40962
If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.
ROBERT TRGOVICH, CLERK OF COURT
Date:

USDC IN/ND case 3:19-cv-00169-JD-MGG document 1-2 filed 03/11/19 page 12 of 28

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

11 11	my Hutman Sr.			COURT CASE NUMBER 3:19-cv-169		
DEFENDANT	M. T. S.	<u> </u>		TYPE OF PROCESS		
SERVE SAME OF INDE		rice et.	al	RIPTION OF PROPERTY TO) SEIZE OR CONDEMN	
AT ADDRESS (Street)		ity, State and ZIP Co	de) CG-3 1	5th Floor		
END NOTICE OF SERVICE CO	Y TO REQUESTER AT NA	ME AND ADDRES		Number of process to be served with this Form 285		
Federal Co P.O. Box	rectional In	=16508-07 stitution		Number of parties to be served in this case		
Manchester	, KY 4096:	2		Check for service on U.S.A.	-	
SPECIAL INSTRUCTIONS OR (All Telephone Numbers, and Esti	OTHER INFORMATION TH. imated Times Available for Se	AT WILL ASSIST II	N EXPEDITING SERV	VICE (Include Business and A		
<u>.</u> -					Fol	
·						
Signature of Attorney other Origin	ator requesting service on beh		PLAINTIFF TO DEFENDANT	ELEPHONE NUMBER	DATE / 3/4/19	
			TELL DO NO	TANDER DELON	TOTAL TANK	
SPACE BELOW FO I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)				T WRITE BELOW ted USMS Deputy or Clerk	THÍS LÁNE Date	
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more	Total Process District of Origin No.	f District to Serve No	Signature of Authoriz	ed USMS Deputy or Clerk	Date [58], the process described	
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) I hereby certify and return that I on the individual, company, corporate the company of the company.	Total Process District of Origin No.	f District to Serve No have legal evidence own above on the on	Signature of Authoriz	xecuted as shown in "Remark	Date [58], the process described	
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DISTRIBUTE TO:

- 2, USMS RECORD
- NOTICE OF SERVICE
 BILLING STATEMENT*. To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

Northern District of Inc	diana
Jereny Huffman Sr. Plaintiff(s) V. Ci St. Joseph (ounty Tail et, al.) Defendant(s) SUMMONS IN A CIVIL	vil Action No. 3:19-cv-169
SUMMONS IN A CIVIL	ACTION
To: (Defendant's name and address) Deputy Holden HOLW. Sample South Bend, IN A lawsuit has been filed against you. Within 21 days after service of this summons on you (not come	ounting the day you received it) — or 60 days if you
are the United States or a United States agency, or an officer or emp P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the Federal Rules of Civil Procedure. The answer or motion must be whose name and address are: Tercing Huffman Federal Conceptional	e attached complaint or a motion under Rule 12 of e served on the plaintiff or plaintiff's attorney,
P.O. Box 4000 Manchester, KY 409	
If you fail to respond, judgment by default will be entered a You also must file your answer or motion with the court.	
200 0000 10000 1000 0000 100000 100000 10000 10000 10000 10000 10000 10000 10000 10000 10000 1000	
	ROBERT TRGOVICH, CLERK OF COURT
Date:	Signature of Clerk or Deputy Clerk

USDC IN/ND case 3:19-cv-00169-JD-MGG document 1-2 filed 03/11/19 page 14 of 28

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

Deremy Huffman Sr.	COURT CASE NUMBER 3:19-cv-169
DEFENDANT SI Taranh Lorontro (Tail at al	TYPE OF PROCESS
SERVE AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
Teremy Huffman Sr. # 16508-027 Federal Correctional Institution	Number of parties to be served in this case
P.O. Box 4000 Manchester, KY 40962	Check for service on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SE All Telephone Numbers, and Estimated Times Available for Service):	RVICE (Include Business and Alternate Addresses. Fold
Signature of Anomey other Originator requesting service on behalf of: PLAINTIFF DEFENDANT	TELEPHONE NUMBER DATE 3/4/19
Acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) Total Process District of Origin Serve No No	rized USMS Deputy or Clerk Date
I hereby certify and return that I \square have personally served , \square have legal evidence of service, \square have on the individual , company, corporation, etc., at the address shown above on the on the individual , company.	e executed as shown in "Remarks", the process described bany, corporation, etc. shown at the address inserted below.
I hereby certify and return that I am unable to locate the individual, company, corporation, etc. name Name and title of individual served (if not shown above)	A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date Time an
	Signature of U.S. Marshal or Deputy
Service Fee Total Mileage Charges including endeavors) Forwarding Fee Total Charges Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
REMARKS:	

- DISTRIBUTE TO: 1. CLERK OF THE COURT 2. USMS RECORD

 - 2. USING RECORD
 3. NOTICE OF SERVICE
 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 5. ACKNOWLEDGMENT OF RECEIPT

	ior un			
	Northern Distric	et of Indiana	•	
Jereny Huffman Plaintiff(s) V. St. Joseph County Defendants	Sr.)	Civil Action No.	3:19-cv-169	
· · · · · · · · · · · · · · · · · · ·	SUMMONS IN A	CIVIL ACTION		
To: (Defendant's name and address) A lawsuit has been filed	Nurse Karen LN 401 W. Sample South Bend, I	U St. V 46601		
Within 21 days after se are the United States or a Unite P. 12 (a)(2) or (3) — you must the Federal Rules of Civil Procwhose name and address are:	rvice of this summons on you d States agency, or an officer serve on the plaintiff an answ	or employee of the Uniter to the attached comp must be served on the position of the Island Tustitudes and Tustitudes	ted States described laint or a motion und plaintiff or plaintiff's	in Fed. R. Civ. ler Rule 12 of
If you fail to respond, j You also must file your answer	udgment by default will be en or motion with the court.	tered against you for th	ne relief demanded in	the complaint.
		ROBERT TRG	FOVICH, CLERK OF	COURT
Date:				
		Sign	nature of Clerk or Deputy	Clerk

USDC IN/ND case 3:19-cv-00169-JD-MGG document 1-2 filed 03/11/19 page 16 of 28

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	11 W	۲.			COURT CASE NUM 3:19-CV	BER -169
Jerem defendant	y Hutman	<u> 9V. </u>			TYPE OF PROCESS	
· .	such Count	1 Tail est	al			
A. 20	NAME OF INDIVIDU	L, COMPANY, CO	RPORATION. ETC.	TO SERVE OR DESC	RIPTION OF PROPERTY	TO SEIZE OR CONDEMN
SERVE	Murse K	MAN				
AT	ADDRESS (Street or R	FD, Apartment No., C	City, State and ZIP C	ode)		
	401 W.	Sample !	St. Sout	h Bend,	120 96601	 _
	OF SERVICE COPY TO				Number of process to be served with this Form 285	;
7	erenny Hust deral Corre	fman Sn	#16208	- 027 -		
F	deral Korre	ctional I	Institutio,	1	Number of parties to be served in this case	
ρ_{\cdot}	D Rox 400	O		-		
1/9	lanchester, K	V 40963	γ		Check for service on U.S.A.	
	******************************	***********	***************************************		ICE (<u>Include Business an</u>	
			,		eacon Medica	•
			·			
Signature of Att	orney other Originator rec	uesting service on be	half of:	PLAINTIFF	ELEPHONE NUMBER	DATE
Marie	ll &	·		DEFENDANT		3/9/19
SPACE	ELOW FOR U	SE OF U.S. M	IARSHAL O	NLY DO NO	T WRITE BELO	W THIS LINE
I acknowledge r	eceipt for the total Tot	al Process District of	of District to		ed USMS Deputy or Clerk	Date
number of proce (Sign only for U	ess indicated. ISM 285 if more	Origin	Serve			
than one USM 2	285 is submitted)	No	No			
on the individua	al, company, corporation,	etc., at the address sh	own above on the on	the individual, compai	iy, corporation, etc. shown	arks", the process described at the address inserted below.
			dividual, company, o	corporation, etc. named	above (See remarks below)	
Name and title	of individual served <i>(if no</i>	t shown above)				suitable age and discretion in defendant's usual place
Address (comp	lete only different than sho	own above)			Date	Time an
		•	• •		Signature of II S	. Marshal or Deputy
				•	Jighature of C.S	. With Shift of 2 op any
Service Fee	Total Mileage Charge including endeavors)	es Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. M (Amount of Refund*)	arshal* or
		1.,	<u> </u>		<u> </u>	
REMARKS:					•	

DISTRIBUTE TO:

- 1. CLERK OF THE COURT
- 2. USMS RECORD
- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

 5. ACKNOWLEDGMENT OF RECEIPT

for the	
Northern District of Indiana	
Jeremy Huffman Sr. Plaintiff(s) V. Civil Ac St. Joseph County Juil et, al Defendants)	ction No. 3:19-cv-169
SUMMONS IN A CIVIL ACT	TION
To: (Defendant's name and address) Julie Lawson 401 W. Sample St South Bend, IN	16601
A lawsuit has been filed against you.	
Within 21 days after service of this summons on you (not counting are the United States or a United States agency, or an officer or employed P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached Federal Rules of Civil Procedure. The answer or motion must be serve whose name and address are: Jereny Huffman Sr. Federal Correctional P.O. Box 4000 Manchester, KY 4090	tof the United States described in Fed. R. Civ. ched complaint or a motion under Rule 12 of red on the plaintiff or plaintiff's attorney, # 16508-007 Institution
If you fail to respond, judgment by default will be entered agains	
You also must file your answer or motion with the court.	
•	BERT TRGOVICH, CLERK OF COURT
Date:	
	Signature of Clerk or Deputy Clerk

USDC IN/ND case 3:19-cv-00169-JD-MGG document 1-2 filed 03/11/19 page 18 of 28

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

SERVE AME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE ADDRESS (Street or RED. Apparentem No., City, State and ZIP Code) 401 M. SQUARDE SI, Street or RED. Apparentem No., City, State and ZIP Code) 401 M. SQUARDE SI, STRUCTIC COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285 Federal (orrectional Institution Institutio	LAINTIFF 11 Marcus Sa	COURT CASE 3:19	NUMBER 9-cv-169
AME OF INDIVIDIAL. COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SELEC OR CONDENS. SERVE ADDRESS (SIEVER OF REP. Agarment No., City, State and 21/2 Code) ADDRESS (SIEVER OF REP. Agarment No., City, State and 21/2 Code) Number of process to be served in this case SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses. All Telaphone Numbers, and Estimated Times Available for Service): **Falsion of Process of the Content of Process Indicated.** Signature of Automey other Originator of Description of Process Indicated. Solve only for USE OF U.S. MARSHAL ONLY—DO NOT WRITE BELOW THIS LINE Total Process District of Origin of Process Indicated. Solve only for USE 28 if more have one of the individual, company, corporation, etc., shown at the address shown above on the on the individual, company, corporation, etc. shown at the address increated of address food on the individual served (if not shown above) The Process of Individual served (if not shown above) Date	EFENDANT TO THE STREET OF THE	TYPE OF PRO	CESS
ADDRESS (Street or RFD, Aparment No. City, State and ZIP Code) 401 W. Sammel St. Such Bend IV 76601 END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Federal Corrections Sr. # 16508-097 Federal Corrections Instituted Institute of process to be served with this Form 255 Number of parties to be served with this form 255 Number of parties to be served with this form 255 Number of parties to be served with this form 255 Number of parties to be served with this form 255 Number of parties to be served with this case and Alternate Addresses for Service on U.S. Authorized U.S. Marshal or O.A. O	St Joseph County Jail et al	DR DESCRIPTION OF PROPE	RTY TO SEIZE OR CONDEMN
END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285 Federal Correctional Institution Number of process to be served in this case	SERVE / Warden Julie Lawson		
Federal Correctional Institution Served in this form 285	AT ADDRESS (Street or RFD, Apartment No., City, State and 211 Code) AT 401 W. Sample St. South Be	nd, IN 41	6601
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses. All Telephone Numbers, and Estimated Times Available for Service): Feld Signspore of Attorney other Originator in Justing service on behalf of: Pelaintiff	END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses. All Telephone Numbers, and Estimated Times Available for Service): Feld Signature of Attorney other Originator reducting service on behalf of: PLAINTIFF	Terenny Hattman Sr. #16508-027 Federal Correctional Institution		o be
Signature of Attorney other Originator reducting service on behalf of: Defendant	Manchester, KY 40962		
SPACE BELOY FOR USE OF U.S. MARSHAL ONLY—DO NOT WRITE BELOW THIS LINE acknowledge cereint for the total number of process indicated. Sign only for USM 285 if more than one USM 285 is submitted) Total Process No.	SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITI	NG SERVICE (<u>Include Busin</u>	ess and Alternate Addresses,
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No.	Mars + My		3/4//9
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- 1. CLERK OF THE COURT
- 2, USMS RECORD
- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

 5. ACKNOWLEDGMENT OF RECEIPT

UNITED STATES DISTRICT COURT for the

Northern Dis	strict of Indiana
Jeremy Huffman Sr. Plaintiff(s) V. St. Joseph County Jail et, al Defendant(s)))))) Civil Action No. 3:19-cv-169)))
	A CIVIL ACTION
To: (Defendant's name and address) Nurse Lynn LN 401 W. Sam, South Bend,	IV, HRN ple St. IN 46601
A lawsuit has been filed against you.	
are the United States or a United States agency, or an office P. 12 (a)(2) or (3) — you must serve on the plaintiff an and the Federal Rules of Civil Procedure. The answer or motive whose name and address are: Jerung Huffer Federal Correct P.U. Box 4000 Manchester, KY	nan Sr. #16508-027 Honal Institution 140962
If you fail to respond, judgment by default will be	entered against you for the relief demanded in the complaint.
You also must file your answer or motion with the court.	ROBERT TRGOVICH, CLERK OF COURT
Date:	Signature of Clerk or Deputy Clerk
	digitative of Cicia of Deputy Cicia

USDC IN/ND case 3:19-cv-00169-JD-MGG document 1-2 filed 03/11/19 page 20 of 28

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	11 00	(,			CO	URT CASE NUMB 3:19-cv		
Jerem	y Hustman	91.		·	TY	PE OF PROCESS	107	
DEFENDANT	(, , , , ,	71	1.					
21. 708	NAME OF INDIVIDUAL	COMPANY COP	PORATION FTC	TO SERVE OR DESC	RIPTION	OF PROPERTY TO	SEIZE OR	CONDEMN
	K1 1	1101	PORATION, ETC.	TO SERVE OR DEBUG	Idi IIOI			
SERVE \	ADDRESS (Street or RF)	Apartment No. Ci	ity. State and ZIP Co	ode)		·		
AT (afinal a m	iample s	J Cour	th Bendy	TA	1 46601	•	•
END NOTICE (OF SERVICE COPY TO R	EQUESTER AT NA	ME AND ADDRES	SS BELOW	Number	of process to be	1	
					served v	with this Form 285		
Je Fer	renny Huthan Herall Correct D. Box 4000	Honal I	istitution			of parties to be n this case		
M.	anchester, KY	40962			Check f	for service A.		
All Telephone N	RUCTIONS OR OTHER II lumbers, and Estimated Ti	mes Available for Se	ervice): Emple	oyee of h	Beace	on Medi	tal	Fold
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Signature of Atto	orney Other Originator reque	stille service on bene	_	PLAINTIFF			3/	4//9
(XRI)a	Marin			DEFENDANT			7	////
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		Process District of	District to Serve	Signature of Authoriz	ed USMS	Deputy or Clerk		Date '
number of proces Sign only for US	ss indicated. SM 285 if more	Origin		A A				
han one USM 28	85 is submitted)	No	_ No					
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	•		ř.		• .	Signature of U.S. N	larshal or D	eputy
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DISTRIBUTE TO:

- 1. CLERK OF THE COURT 2. USMS RECORD

- 3. NOTICE OF SERVICE
 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal. 5. ACKNOWLEDGMENT OF RECEIPT

	101 010
Nort	thern District of Indiana
Jeremy Huffman Sr. Plaintiff(s) V. St. Joseph County Jail, et, al Defendant(s)))) Civil Action No. 3:19-cv-169))
SUMM	ONS IN A CIVIL ACTION
To: (Defendant's name and address) Beacon 3355 South	Health Ventures et, al Douglas Rd. Suite 100 Bend, IN 46635
A lawsuit has been filed against you.	
are the United States or a United States agency, or P. 12 (a)(2) or (3) — you must serve on the plaint the Federal Rules of Civil Procedure. The answer whose name and address are: Federal P. D. Box	nons on you (not counting the day you received it) — or 60 days if you r an officer or employee of the United States described in Fed. R. Civ. iff an answer to the attached complaint or a motion under Rule 12 of r or motion must be served on the plaintiff or plaintiff's attorney, Lathman Sr. #16508-037 Correctional Institution 4000 7, KY 40962
If you fail to respond, judgment by defau. You also must file your answer or motion with th	It will be entered against you for the relief demanded in the complaint. e court.
	ROBERT TRGOVICH, CLERK OF COURT
Date:	Signature of Clerk or Deputy Clerk
	dignature of Clerk of Deputy Clerk

USDC IN/ND case 3:19-cv-00169-JD-MGG document 1-2 filed 03/11/19 page 22 of 28

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	ii W	(,					RT CASE NUMB 3:19-cv-16		
Never	anthul p	v SC					OF PROCESS		
DEFENDANT		7	\	1.			7 01 1110 0222		
St. 208	NAME OF INDIVI	MAY OUR	ANY COR	PORATION ETC	TO SERVE OR DESC	RIPTION O	F PROPERTY TO	O SEIZE O	R CONDEMN
SERVE	Reacon 1	tealth	Vent	wes et.	al				
AT (ADDRESS (Street of	nalas	Rd.	South	Bend I	N 4	6635	,	
SEND NOTICE (OF SERVICE COPY					Number o served wit	f process to be th this Form 285		
J Fe	deral Con	Almon rechiono o		stitution # 16508	- 03 1	Number o	f parties to be this case		
M). Box 400 anchester,	KY 40	962			Check for on U.S.A.			
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Signature of Atto	orney other Originator	requesting serv	vice on beh	alf of:	PLAINTIFF 1	ELEPHONE 1	NUMBER	DATE	1.1
/1/2	1 1 M	-h.			DEFENDANT			3	14/19
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Lacknowledge re	· · · · · · · · · · · · · · · · · · ·	Total Process	District of		Signature of Authori				Date
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I hereby cer	tify and return that I a	m unable to lo	ate the ind	ividual, company, c	orporation, etc. named	above (See r	emarks below)		
Name and title o	f individual served (if	not shown abo	ve)				A person of sui then residing ir of abode	table age a defendant	and discretion t's usual place
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Service Fee	Total Mileage Cha		ing Fee	Total Charges	Advance Deposits		owed to U.S. Mars of Refund*)	lhal* or	
REMARKS:						<u> </u>			
	•								

- **DISTRIBUTE TO:** 1. CLERK OF THE COURT 2. USMS RECORD

 - 3. NOTICE OF SERVICE
 - 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

 5. ACKNOWLEDGMENT OF RECEIPT

Northern District of Indi	ana
	il Action No. 3:19-cv-169
54. Joseph County Jail et, al Defendant(s) SUMMONS IN A CIVIL A	ACTION
To: (Defendant's name and address) Michael Grzegorek 401 W. Sample St. South Bend, IN 46601 A lawsuit has been filed against you. Within 21 days after service of this summons on you (not con are the United States or a United States agency, or an officer or employed.	byee of the United States described in Fed. R. Civ.
P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the the Federal Rules of Civil Procedure. The answer or motion must be whose name and address are: Jeremy Huffman Sr. Federal Correctional P. U. Box 4000 Manchester, KY 409	attached complaint or a motion under Rule 12 of served on the plaintiff or plaintiff's attorney, # 16508 - 037 [nstitution]
If you fail to respond, judgment by default will be entered ag You also must file your answer or motion with the court.	ainst you for the relief demanded in the complaint.
	ROBERT TRGOVICH, CLERK OF COURT
Date:	Signature of Clerk or Deputy Clerk

USDC IN/ND case 3:19-cv-00169-JD-MGG document 1-2 filed 03/11/19 page 24 of 28

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

Federal Correctional Institution P.U. Box 4000 Manchester, KY 40962 SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE All Telephone Numbers, and Estimated Times Available for Service):	mber of process to be ved with this Form 285 mber of parties to be ved in this case eck for service U.S.A. (Include Business and A	DATE 3/4//9
NAME OF INDIVIDUAL COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPT SERVE AT Sheriff Michael (rzegorelk ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 401 W. Sample St. South Bend, I SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Nu Federal Correctional Institution Federal Correctional Institution Nu Service P. U. Box 4000 Manchester, KY 40962 Ch on SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE All Telephone Numbers, and Estimated Times Available for Service): Manchester Service on behalf of: SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE All Telephone Numbers, and Estimated Times Available for Service): SIGNATOR OF USE OF U.S. MARSHAL ONLY—DO NOT W I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) Legal vertify, and return that I have personally served have legal evidence of service. have executed the page of the content of	mber of process to be ved with this Form 285 mber of parties to be ved in this case eck for service U.S.A. (Include Business and A	DATE ///9 THIS LINE
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on the marriage, company, corporation, over, at the addition shows about the contract of the c	ed as shown in "Remarks rporation, etc. shown at the	s", the process described ne address inserted below.
I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above	(See remarks below)	
Name and title of individual served (if not shown above)	A person of suit then residing in of abode	table age and discretion defendant's usual place
Address (complete only different than shown above)	Date	Time
	Signature of U.S. M	arshal or Deputy
	nount owed to U.S. Marsh mount of Refund*)	naJ* or
REMARKS:		

- DISTRIBUTE TO: 1. CLERK OF THE COURT 2, USMS RECORD

 - 3. NOTICE OF SERVICE
 - 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

N	orthern District of Indiana
)
Jeremy Huffman Sr. Plaintiff(s) V. St. Joseph County Jail et, Defendant(s)	Civil Action No. 3:19-cv-169
SUM	MONS IN A CIVIL ACTION
To: (Defendant's name and address) Christopher Hall M Beacon Health Ven 3355 Douglas Rd South Bend, IN	ND Hures Suite 100 46635
A lawsuit has been filed against you.	
are the United States or a United States agency, P. 12 (a)(2) or (3) — you must serve on the platthe Federal Rules of Civil Procedure. The answ whose name and address are: Jeremy Federal P. 0. B	nmons on you (not counting the day you received it) — or 60 days if you, or an officer or employee of the United States described in Fed. R. Civ. intiff an answer to the attached complaint or a motion under Rule 12 of wer or motion must be served on the plaintiff or plaintiff's attorney, Huffman Sr. #16508-027 Correctional Institution ox 4000 ster, KY 40962
If you fail to respond, judgment by defa You also must file your answer or motion with	ault will be entered against you for the relief demanded in the complaint. the court.
	ROBERT TRGOVICH, CLERK OF COURT
Date:	
<u></u>	Signature of Clerk or Deputy Clerk

USDC IN/ND case 3:19-cv-00169-JD-MGG document 1-2 filed 03/11/19 page 26 of 28

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

Signature of Attorney other Originator requesting service on behalf of: South Bend, IN 4660	DEFENDANT SERVE AND RESS (Six for 1870, Aparthem) No. City. State and 221 Code) AT ADDRESS (Six for 1870, Aparthem) No. City. State and 221 Code) AT ADDRESS (Six for 1870, Aparthem) No. City. State and 221 Code) AT ADDRESS (Six for 1870, Aparthem) No. City. State and 221 Code) AT ADDRESS (Six for 1870, Aparthem) No. City. State and 221 Code) SERVE ADDRESS (Six for 1870, Aparthem) No. City. State and 221 Code) AT ADDRESS (Six for 1870, Aparthem) No. City. State and 221 Code) SERVE (Architecture) And Concepts of the Concepts of	St. Joseph County Jail et, al		₹)
SERVE Christopher Hall MD ADDRESS Give or RFD, Apprenent No. City, State and ZIP Code) AT 3355 Douglas Rd. South Bend, IN 46635 SEND NOTICE OF SERVICE COPY TO REQUISTER AT NAME AND ADDRESS BELOW SEND NOTICE OF SERVICE COPY TO REQUISTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285 Federal Concurrency In 1884 to 1885 The Served in this case P. D. Box 4000 Manchester, KY 40962 SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): \$4. Joseph County Jail on Saturday and Internation Service on behalf of Service; \$4. Joseph County Jail on Saturday Mornings. You. Sample \$4. Suph Bendor For Use Of U.S. MARSHAL ONLY—DO NOT WRITE BELOW THIS LINE I acknowledge receipt for the total number of process indicated. No. Display and the total number of process indicated number of	SERVE CONSIDERATE HORIZON COMPANY, CORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT ADMRESS (Surket or RFD. Apment No. City. State and ZIP Code) ADDRESS (Surket or RFD. Apment No. City. State and ZIP Code) ADDRESS (Surket or RFD. Apment No. City. State and ZIP Code) SEND NOTICE OF SERVICE COPY TO REQUISITER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285 Federal Correctional Institution P.D. Box 4000 Manchester, KY 40962 SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses. All Telephone Numbers, and Estimated Times Available for Service): SEPCIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses. All Telephone Numbers, and Estimated Times Available for Service): SEPCIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses. All Telephone Numbers, and Estimated Times Available for Service): SEPCIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses. All Telephone Numbers, and Estimated Times Available for Service): SEPCIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses. All Telephone Numbers, and Estimated Times Available for Service): SEPCIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses. All Telephone Numbers, and Estimated Times Addresses and Alternate Addresses. All Telephone Numbers, and Estimated Times Addresses and Alternate Addresses and Alternate Addresses. All Telephone Numbers, and Estimated Times Advanced Deposits Addresses (to be addresses for Service on U.S. Marshall or Conjunction of Service on Deposits Advance Deposits Advance Deposits Advance Deposits Advance Deposits Advance Opposits Advance Opposits Advance Opposits Advanc	St. Joseph County Jail et al NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC. TO SERVE OR	TYPE OF PROCESS	
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REMARKS:	REMARKS:			

- DISTRIBUTE TO: 1. CLERK OF THE COURT
 - 2. USMS RECORD
 - 3. NOTICE OF SERVICE
 - 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal. 5. ACKNOWLEDGMENT OF RECEIPT

USDC IN/ND case 3:19-cv-00169-JD-MGG document 1-2 filed 03/11/19 page 27 of)f
SAO 440 (Rev. 8/01) Summons in a Civil Action	
UNITED STATES DISTRICT COURT NORTHERN District of INDIANA	
Jeremy Huffman Sr. SUMMONS IN A CIVIL ACTION	
St. Joseph County Jail et, al CASE NUMBER: 3:19-cv-169	٠.
TO: (Name and address of Defendant) James Tieman MD	
Beacon Health Ventures 3355 Douglas Rd. South Beard, IN 46635	
YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)	
Jeremy Huffman Sr. #16508-027 Federall Correctional Institution P. D. Box 4000 Manchester, KY 40962	
Manchester, KY 40962	
n answer to the complaint which is served on you with this summons, within days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you or the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the clerk of this Court within a reasonable period of time after service.	u

DATE

(By) DEPUTY CLERK

USDC IN/ND case 3:19-cv-00169-JD-MGG document 1-2 filed 03/11/19 page 28 of 28

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIEE	emu Huffi	nan Sr			COURT CASE NUM 3:19-cv		 '
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					served in this case		
					Check for service on U.S.A.		
	AL INSTRUCTION		alf of:	Toseph C Chings, 40 Som Plaintiff Defendant	ownty Jail 1 W. San H. Bendi TELEPHONE NUMBER	on Satur ple St IN DATE 3/4	daepid <u>-</u> 46601 /19
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acknowledge recumber of process Sign only for USA Jian one USM 285	s indicated. M 285 if more	Process District of Origin	District to Serve	Signature of Author	zed USMS Deputy or Clerk	Dat	te
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Address (complete	e only different than show	n above)			Date	Time	am pm
					Signature of U.S	. Marshal or Deput	у
Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Ma (Amount of Refund*)	ırshal* or	
	,,						

PRINT 5 COPIES:

- I, CLERK OF THE COURT
- 2. USMS RECORD
- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT